

Atty Dkt No. 7035-0004

USSN: 09/823,868

**PATENT** 

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop \*, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

DINELLO et al.

Confirmation No.: 7040

Serial No.: 09/823,868

Art Unit: 164

Filing Date: March 30, 2001

Title:

PREWETTING STOP FLOW TEST S

AMENDMENT TRANSMITTAN

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

TECH CENTER 1600/2820 Transmitted herewith for filing is an amendment in the above patent application in response to the Office Action of December 12, 2003.

| <br>Applicants request an extension of time for three me | onths fror | n |
|--|------------|---|
| . Enclosed is a check to cover the \$                    | fee.       |   |

- No additional fee is required.  $\mathbf{X}$
- X Also enclosed: Revocation of Power of Attorney and New Power of Attorney and Return Postcard.

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| No. of Claims After   |    | Most Claims     |    | Extra  |   |   |      |               |     |
|---|----|-----------------|----|--------|---|---|------|---------------|-----|
| Amendment   |    | Previously Paid |    | Claims |   |   | Ad   | lditional Fee |     |
| A. Total Claims   | 12 | -               | 63 | =      | 0 | х | \$18 | =             | \$0 |
| B. Ind. Claims  | 1  | -               | 3  | =      | 0 | х | \$84 | =             | \$0 |
| C. If amended to contain multiple dependent claims, add 280 \$280   |    |                 |    |        |   |   | =    | \$0           |     |
| D. Total Amendment Fee (Total of A, B & C)                          |    |                 |    |        |   |   | =    | *             |     |
| E. If small entity, 50% reduction of Total Amendment Fee (50% of D) |    |                 |    |        |   | = | *    |               |     |
| F. Total Amendment Fee (D minus E)                                  |    |                 |    |        |   | ш | \$0  |               |     |

| <br>A check for \$ * to cover the extension of time fee and extra claims fee |
|--|
| is attached.   |

\_\_\_ Charge \$ to Deposit Account No. 18-1648.

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, or to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 2/5/04

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